DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/05/2012 FORM APPROVED OMB NO. 0938-0391

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	15G791	B. WING			R-C 02/27/2012		
NAME OF PROVIDER OR SUPPLIER SPECTRUM COMMUNITY SERVICES OF INDIANA LLC			47	4 WHITEWOOD DR			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHOUL	SHOULD BE COMPLETION		
This visit was for the the investigation of co #IN00101868 conductor This visit was in conjucertification revisit to and state licensure subscember 30, 2011. Complaint #IN001018 Complaint #IN001008 Dates of Survey: Feb 2012 Facility number: 0129 Provider number: 15 AIM number: 201017 Surveyor: Christine Colli/QMRP Spectrum Community found to be in compliant Subpart I, and 460 IA certification revisit to and IN00101868. Quality review 3/02/13	post certification revisit to omplaints #IN00100900 and ted on January 12, 2012. Inction with the post the annual recertification urvey conducted on 368 - corrected 300 - corrected 300 - corrected 301 - corrected 302 - corrected 303 - corrected 304 - corrected 305 - corrected 305 - corrected 306 - corrected 307 - corrected 308 - corrected 309 - c		000}				
DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	<u> </u>		TITLE		(X6) DATE	
	CORRECTION COVIDER OR SUPPLIER M COMMUNITY SERVICE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE INITIAL COMMENTS This visit was for the the investigation of complete the investigation of complete the investigation revisit to the service of the service of the investigation revisit to the service of the investigation of complete the investigation revisit to the service of the investigation revisit to the service of the	OVIDER OR SUPPLIER M COMMUNITY SERVICES OF INDIANA LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS This visit was for the post certification revisit to the investigation of complaints #IN00100900 and #IN00101868 conducted on January 12, 2012. This visit was in conjunction with the post certification revisit to the annual recertification and state licensure survey conducted on December 30, 2011. Complaint #IN00101868 - corrected Complaint #IN00100900 - corrected Dates of Survey: February 16, 17, 24 and 27, 2012 Facility number: 012557 Provider number: 15G791 AIM number: 201017960A Surveyor: Christine Colon, Medical Surveyor III/QMRP Spectrum Community Services of Indiana was found to be in compliance with 42 CFR, Part 483, Subpart I, and 460 IAC 9 in regard to the post certification revisit to complaints #IN00100900 and IN00101868. Quality review 3/02/12 by Suzanne Williams, RN	IDENTIFICATION NUMBER: A BUI 15G791 OVIDER OR SUPPLIER M COMMUNITY SERVICES OF INDIANA LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) This visit was for the post certification revisit to the investigation of complaints #IN00100900 and #IN00101868 conducted on January 12, 2012. 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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.